

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27787 (3)**

1. Corporation Name  
**CASA 12, INC.**



Principal Place of Business: **2041 TECH PLACE TALLAHASSEE FL 32308**

Mailing Address: **1006 WAVERLY ROAD TALLAHASSEE FL 32312-2814**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

City & State: **27**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **08/08/1988**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-2915458**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**DOUGHERTY, RALPH C.  
1006 WAVERLY ROAD  
TALLAHASSEE FL 32312-2814**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ralph Dougherty* DATE: **2/13/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRUCKNER, THOMAS</b>
STREET ADDRESS	<b>3110 SHARER ROAD</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WEST, STANLEY</b>
STREET ADDRESS	<b>HWY. 267</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, HUGH</b>
STREET ADDRESS	<b>3028 WALDEN RD</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ARCHIE, JEAN</b>
STREET ADDRESS	<b>2313 JACKSON BLUFF #53</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGHERTY, RALPH</b>
STREET ADDRESS	<b>1006 WAVERLY</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312-2814</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRUCKNER, ANNE</b>
STREET ADDRESS	<b>2041 EAST GATEWAY</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17

11 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Croteau, Kathleen</b>
13 STREET ADDRESS	<b>2928 Parrish Dr</b>
14 CITY - ST - ZIP	<b>Tallahassee FL 32308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Sams, Jack</b>
43 STREET ADDRESS	<b>1321 Woodgate Way</b>
44 CITY - ST - ZIP	<b>Tallahassee FL 32312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Hines, Diane</b>
63 STREET ADDRESS	<b>3736 Forsythe Way</b>
64 CITY - ST - ZIP	<b>Tallahassee FL 32308</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph Dougherty* DATE: **2/13/96** (904) 644-5725

CR2E037 (12/95)